

Image# 15970274942

PAGE 1 / 31

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

ACTRIGHT

ADDRESS (number and street)

2029 K STREET NW SUITE 300

☐ Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20006

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00488478

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Brian S Brown

Signature of Treasurer

Brian S Brown

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ACTRIGHT

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 01 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y  
 01 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		10130.59
(b) Cash on Hand at Beginning of Reporting Period.....	10130.59	
(c) Total Receipts (from Line 19) .....	550.00	550.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	10680.59	10680.59
7. Total Disbursements (from Line 31) .....	2925.66	2925.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	7754.93	7754.93
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	87498.16	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**ACTRIGHT**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
01	/	01	/	2015

To:

M M	/	D D	/	Y Y Y Y Y Y
01	/	31	/	2015

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

455.00

455.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

455.00

455.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

455.00

455.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

95.00

95.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

550.00

550.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

550.00

550.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2735.66	2735.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2735.66	2735.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	190.00	190.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2925.66	2925.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2925.66	2925.66

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	455.00	455.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	455.00	455.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	2735.66	2735.66
37. Offsets to Operating Expenditures (from Line 15, page 3).....	95.00	95.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	2640.66	2640.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 31  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

## **A. Shaaron Bangs**

Mailing Address 1940 Driftstone Drive

City State Zip Code  
Glendora CA 91740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Attorney

Self

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

01 / 08 / 2015

Transaction ID : SA11AI.10891

Amount of Each Receipt this Period

25.00

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

## **B. Edward Barrera**

Mailing Address 4650 Flat Rock Ct.

City State Zip Code  
Ft. Worth TX 76132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

01 / 19 / 2015

Transaction ID : SA11AI.10902

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

## **C. Stephen Brown**

Mailing Address 2 Northwind Court

City State Zip Code  
Newport Beach CA 92663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Financial Services

Self-employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

01 / 08 / 2015

Transaction ID : SA11AI.10889

Amount of Each Receipt this Period

15.00

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

45.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 31

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. Frank Cardillo Sr**

Mailing Address 102 Ridge St

City  
Eastchester

State Zip Code  
NY 10709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired E. Engr

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

01 / 14 / 2015

Transaction ID : SA11AI.10900

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Donald E Cardwell**

Mailing Address P.O. Box 3147

City  
Indian Trail

State Zip Code  
NC 28079

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

01 / 07 / 2015

Transaction ID : SA11AI.10883

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Patricia j Collier**

Mailing Address 1321 Lakehurst Dr NW

City  
Bremerton

State Zip Code  
WA 98312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

none

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

01 / 09 / 2015

Transaction ID : SA11AI.10893

Amount of Each Receipt this Period

25.00

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

**SUBTOTAL** of Receipts This Page (optional)..... ►

45.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 31

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

## **A. Christina Dodd**

Mailing Address 2800 Pecan Dr

City State Zip Code  
 Wylie TX 75098

FEC ID number of contributing  
federal political committee.

C

Name of Employer

homemaker

Occupation

self

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

01 / 08 / 2015

Transaction ID : SA11AI.10885

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

## **B. Everett Farnsworth**

Mailing Address 31 E. Newell St.

City State Zip Code  
 Winter Garden FL 34787

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Self

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

01 / 20 / 2015

Transaction ID : SA11AI.10904

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. J MICHAEL HAIDER**

Mailing Address P.O. Box 230077

City State Zip Code  
 Affton (St. Louis) MO 63123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired HS teacher

Occupation

St. Louis City Public Schools

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

01 / 09 / 2015

Transaction ID : SA11AI.10895

Amount of Each Receipt this Period

50.00

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

85.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 31

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

**A. Norbert Mc Luckie**

Mailing Address 1685 E Division St

City

Diamond

State

IL

Zip Code

60416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

NONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

01 / 09 / 2015

Transaction ID : SA11AI.10897

Amount of Each Receipt this Period

25.00

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

**B. Michael Powderly**

Mailing Address 3246 Hunterdon way

City

Marietta

State

GA

Zip Code

30067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

01 / 07 / 2015

Transaction ID : SA11AI.10881

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

**C. Dianne Schafer**

Mailing Address 9401 North Freeway

City

Fort Worth

State

TX

Zip Code

76177

FEC ID number of contributing  
federal political committee.

C

Name of Employer

small business owner

Occupation

Best Used Trucks

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

01 / 08 / 2015

Transaction ID : SA11AI.10887

Amount of Each Receipt this Period

50.00

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 31

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ACTRIGHT**

Full Name (Last, First, Middle Initial)

## **A. Diane Schulte**

Mailing Address 4555 Barbara Ave E

City State Zip Code  
 Inver Grove Heights MN 55077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 13 / 2015

**Transaction ID : SA11AI.10898**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. Peter Vecchio**

Mailing Address 601 W. Foothill Blvd, Apt F

City State Zip Code  
 Monrovia CA 91016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clerk

Occupation

Old Town Music

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2015

**Transaction ID : SA11AI.10879**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

455.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

ACTRIGHT

003

Category/  
Type

1683.50

State:  District:



003

Category/  
Type

1000.00

State:  District:

Category/  
Type

State:  District:

2683.50

2683.50

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

ACTRIGHT

Three 7-segment displays are shown, each with a different color (blue, green, red) and a different font (serif, sans-serif, and a mix). The first display shows '01', the second shows '13', and the third shows '2015'. The displays are arranged horizontally and separated by slashes.

Category/  
Type

50.00

MM / DD / YYYY

Category/  
Type

01 / 13 / 2015

Category/  
Type

90.00

\_\_\_\_\_

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

ACTRIGHT

### A. VIGOP

The three 3x3 grids are as follows:

M		M

01

D		D

13

Y		Y		Y		Y

2015Category/  
Type

25.00

State:  District:

## B. VIGOP

MM / DD / YYYY

Category/  
Type

State:  District:

### C. VIGOP

Category/  
Type

25.00

State:  District:

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 14 OF 31

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Action**

Nature of Debt (Purpose):

August use of mailing address, phone, office

Mailing Address 2029 K Street NW  
Suite 300City State Zip Code  
Washington DC 20006

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.4148

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Action**

Nature of Debt (Purpose):

September use of address, phone, office

Mailing Address 2029 K Street NW  
Suite 300City State Zip Code  
Washington DC 20006

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.4176

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Action**

Nature of Debt (Purpose):

October use of mailing address, phone, office

Mailing Address 2029 K Street NW  
Suite 300City State Zip Code  
Washington DC 20006

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.4178

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

750.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 15 OF 31

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Action**

Nature of Debt (Purpose):

November use of mailing address, phone, office

Mailing Address 2029 K Street NW  
Suite 300City State Zip Code  
Washington DC 20006

Outstanding Balance Beginning This Period

250.00

Transaction ID : SD10.4179

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Action**

Nature of Debt (Purpose):

December use of mailing address, phone, office

Mailing Address 2029 K Street NW  
Suite 300City State Zip Code  
Washington DC 20006

Outstanding Balance Beginning This Period

100.00

Transaction ID : SD10.4180

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Action**

Nature of Debt (Purpose):

Mass emails supporting Jorgensen for Congress

Mailing Address 2029 K Street NW  
Suite 300City State Zip Code  
Washington DC 20006

Outstanding Balance Beginning This Period

4357.75

Transaction ID : SD10.5069

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4357.75

1) **SUBTOTALS** This Period This Page (optional)..... ►

4707.75

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 16 OF 31

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Action**

Nature of Debt (Purpose):

Fundraising emails in July

Mailing Address 2029 K Street NW  
Suite 300City State Zip Code  
Washington DC 20006

Outstanding Balance Beginning This Period

3606.78

Transaction ID : SD10.5212

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3606.78

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

February and March reporting and processing services retainer

Mailing Address 209 W Main St

City State Zip Code  
Plainfield IN 46168

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.4181

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

April retainer for reporting and processing services

Mailing Address 209 W Main St

City State Zip Code  
Plainfield IN 46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4190

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6606.78

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

PAGE 17 OF 31

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

May reporting and processing services  
retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4191

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

May reporting and processing services and  
June retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2748.93

Transaction ID : SD10.4192

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2748.93

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

June reporting and processing services and  
July retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2767.00

Transaction ID : SD10.4193

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2767.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6515.93

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

PAGE 18 OF 31

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

October reporting and processing services and  
November retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

307.50

Transaction ID : SD10.4186

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

307.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

November reporting and processing services  
and December retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2657.00

Transaction ID : SD10.4185

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2657.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

December reporting and processing services  
and Jan retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2465.00

Transaction ID : SD10.4184

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2465.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

5429.50

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 19 OF 31

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

January reporting and processing services and  
Feb retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2255.00

Transaction ID : SD10.4233

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2255.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Feb reporting and processing/Mar legal and  
reporting retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.4319

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Mar reporting and processing/Apr legal and  
reporting retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.4374

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6255.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

PAGE 20 OF 31

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Legal compliance, bookkeeping, and reporting  
services in April

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

3737.50

Transaction ID : SD10.4702

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3737.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Legal compliance, bookkeeping, and reporting  
services in May

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2907.50

Transaction ID : SD10.5067

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2907.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

June administrative and legal services.

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2477.05

Transaction ID : SD10.5569

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2477.05

1) **SUBTOTALS** This Period This Page (optional)..... ►

9122.05

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 21 OF 31

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Bundling, administrative, legal, and office  
services

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2077.60

Transaction ID : SD10.5600

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2077.60

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Sept. bundling, administrative, legal, and office  
services

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2067.50

Transaction ID : SD10.5971

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2067.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Sept. reporting and processing services and  
Oct. retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

2097.50

Transaction ID : SD10.6485

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2097.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

6242.60

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 22 OF 31

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Reporting, bundling, compliance, and admin  
services in October

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1605.00

**Transaction ID : SD10.6817**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1605.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Compliance, reporting, and bundling services  
in November

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1130.00

**Transaction ID : SD10.7051**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1130.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Compliance, reporting, bundling, and  
administrative services in Dec 2013

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1235.00

**Transaction ID : SD10.7356**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1235.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3970.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 23 OF 31

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Compliance and administrative services in January

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

854.20

Transaction ID : SD10.7717

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

854.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Legal, processing, reporting, and admin services in February

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1238.00

Transaction ID : SD10.8465

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1238.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Legal, bundling, and administrative services

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1038.00

Transaction ID : SD10.8513

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1038.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3130.20

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

PAGE 24 OF 31

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Bundling, administrative, compliance services  
for May 2014

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1228.50

Transaction ID : SD10.9028

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1228.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Bundling, administrative, compliance services  
for June 2014

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1305.25

Transaction ID : SD10.9248

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1305.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Bundling, administrative, compliance services  
in July 2014

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

925.00

Transaction ID : SD10.9401

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

925.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3458.75

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
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PAGE 25 OF 31

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Compliance and administrative services for  
July 2014

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

925.00

**Transaction ID : SD10.9615**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

925.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Compliance and administrative services for  
August 2014

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1677.50

**Transaction ID : SD10.9911**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1677.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Compliance and administrative services for  
September 2014

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1845.50

**Transaction ID : SD10.10393**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1845.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

4448.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

PAGE 26 OF 31

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Compliance and administrative services for  
October 2014

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

3210.00

Transaction ID : SD10.10392

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3210.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Legal, administrative, bundling services in Dec.

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

840.00

Transaction ID : SD10.10866

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

840.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Compliance Services**

Nature of Debt (Purpose):

Legal, administrative, bundling services in Jan.

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.10917

Amount Incurred This Period

1387.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1387.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

5437.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

PAGE 27 OF 31

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Fund**

Nature of Debt (Purpose):

Fundraising emails in July 2013

Mailing Address 2029 K St NW  
Suite 300City State Zip Code  
Washington DC 20006

Outstanding Balance Beginning This Period

5024.60

Transaction ID : SD10.5208

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5024.60

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

April legal services retainer

Mailing Address 209 W Main St

City State Zip Code  
Plainfield IN 46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4198

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

May legal services retainer

Mailing Address 209 W Main St

City State Zip Code  
Plainfield IN 46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4199

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

7024.60

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 28 OF 31

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

June legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4200

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

July legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4201

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

August legal services retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4202

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3000.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 29 OF 31

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

September legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4203

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

October legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4204

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

November legal services retainer

Mailing Address 209 W Main St

City

State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4205

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3000.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 30 OF 31

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

December legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4206

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ActRight Legal Foundation**

Nature of Debt (Purpose):

March legal services retainer

Mailing Address 209 W Main St

City State

Zip Code

Plainfield

IN

46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4196

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Barry A Bostrom**

Nature of Debt (Purpose):

Legal services in January

Mailing Address 2524 N 8th Street

City

State

Zip Code

Terre Haute

IN

47804

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4194

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3000.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 31 OF 31

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ACTRIGHT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Paul Bothwell**

Nature of Debt (Purpose):

Administrative services July 2011 - March 2012

Mailing Address 606 S. Taylor St.

City State

Zip Code

Arlington

VA

22204

Outstanding Balance Beginning This Period

5400.00

Transaction ID : SD10.4230

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5400.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

5400.00

2) **TOTALS** This Period (last page this line number only)..... ►

87498.16

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

87498.16